significant visceral or vascular injury. Furthermore, the rate of morbidity appears to be significantly greater in patients whose wounds were explored by surgical procedures and no significant injury was found than when similar patients were simply observed.

LINDSAY C. GETZEN, MD

REFERENCES

Getzen LC, Bellinger SB, Kendall LW: Should all neck, axillary, groin, or popliteal wounds be explored for possible vascular or visceral injuries? Trauma 12:906-913, Oct 1972

Mufti MA, LaGuerre JN, Pochaczevsky R: Diagnostic value of hematoma in penetrating arterial wounds of the extremities. Arch Surg 101:562-569, Nov 1970

Malignant Potential of Large Congenital Nevi

THERE IS CLEAR DOCUMENTATION that large congenital nevi (giant pigmented nevus, melanocytic nevus) have a very high risk of becoming melanoma. The incidence of melanoma in congenital large nevi has been reported to be between 2 and 42 percent. The average incidence reported in the literature and in the experience at Stanford Hospital suggest that the incidence projected throughout a normal lifespan is between 10 and 20 percent. Therefore, we recommend that congenital melanocytic nevi be surgically excised and reconstructed by appropriate methods. The risk of developing a melanoma is present at all ages, although 70 percent of melanomas occur before puberty. Furthermore, there appears to be a close relationship between the histologic type of the giant nevus and the risk of malignancy. Giant nevi with a histologic pattern of a junctional nevus, neural nevus or blue nevus seem to have a high risk whereas a histologic pattern of an intradermal nevus has a lower risk. Therefore, screening biopsy specimens of the nevus may be helpful in determining the need for, and timing of, surgical excision.

The reason for the high malignant potential is not known, but is probably due to one of two factors. First, the nevus is a hamartoma comprised of melanocyte-like cells derived from the neural crest. It can be postulated that whatever teratogen caused the hamartoma has altered the genetic potential within the cell or is in itself also a carcinogen and, therefore, the individual cells are more susceptible to malignant change. The alternative explanation is that a congenital nevus is a site where there are normal melanocytes in a greater density per unit area than in normal skin and the increased frequency of malignancy is because of an increased number of melanocytes.

ERNEST N. KAPLAN, MD

REFERENCES

Reed WB, Becker SW, Nickel WR: Giant pigmented nevi, melanoma, and leptomeningeal melanocytosis. Arch Dermatol 91: 100-119, Feb 1965

Greeley PW, Middleton AG, Curtin JW: Incidence of malignancy in giant pigmented nevi. Plast Reconstr Surg 36:26, Jul 1965

Kaplan EN: The risk of malignancy in large congenital nevi. Plast Reconstr Surg 53:421, Apr 1974

Coronary Artery Disease

NUMEROUS SURGICAL TECHNIQUES have been used over the years for the treatment of coronary artery disease. These include epicardial abrasion to ligation of the coronary sinus, placement of talc within the pericardial cavity and intramyocardial implantation of the internal mammary artery. None of them have shown any great measure of success in regard to the criteria by which any operation for coronary atherosclerosis must be judged, namely relief of angina, prevention of myocardial infarction and prolongation of life.

In the early 1960's, Sones at the Cleveland Clinic developed the technique of coronary arteriography, by which the exact location of coronary artery narrowings could be ascertained. This led Favoloro, also at Cleveland, to work out a method for direct revascularization of the heart using saphenous vein grafts to bypass these arteriographically demonstrated lesions. Since its introduction in 1967, numerous modifications and refinements of the surgical technique of aortocoronary bypass grafting have been made so that at the present time late graft patency rates ranging between 80 percent and 95 percent have been reported. Further, surgical mortality rates have been reported as low as 0.8 percent in elective cases. The clinical results of aortocoronary bypass operation, in contrast to those of previous operations for coronary atherosclerosis, have been quite good, especially in the relief of angina. In one series of patients, there was complete relief of pain in 80 percent and improvement in an additional 8 percent. Other series of patients have been reported with quite similar results. Data supporting the contention that aortocoronary bypass grafting improves longevity are not complete but suggest that the operation is effective in that re-